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Topic: Face-coverings and care in labour for all women
Guidance on whether it should be recommended that women wear face-coverings or facemasks during labour and birth ***N.B.: This briefing sheet does not address the use of personal protective equipment for midwives or other health workers; separate guidance has been issued and can be found here.***
Potential impact of COVID-19 in this topic area
The following briefing is provided as a resource for midwives based on a combination of available evidence, good practice, and expert advice for the care of women during the COVID-19 pandemic. Please be aware that this is very much an evolving situation and this guidance will be updated as new information becomes available. The transmission of COVID-19 occurs through respiratory droplets, generally when COVID-19 positive individuals cough, speak or sneeze, expelling droplets that are inhaled by recipients in close proximity. Hence the WHO recommend considering extended use of face-coverings or facemasks in those circumstances of higher risk of exposure to COVID-19 due to local clusters, for those working in close contact with the public and in busy indoor public spaces (WHO, 2020). There is growing evidence of higher rates of COVID-19 transmission in hospitals compared with rates in the general public. ONS data suggest that the prevalence of the virus is around 10-20 times higher among health care workers and in hospitals. This has prompted NHS England and the Scottish Government to issue new recommendations for the extended use of facemasks for staff and hospital visitors. The wearing of facemasks in all hospital settings may significantly reduce the risk of COVID-19 transmission from asymptomatic staff as well as visitors and patients. However, face-coverings represent only one of the infection control and prevention measures that should be in place to reduce COVID-19 such as social distancing (1m+ /2m), frequent hand washing, respiratory hygiene, for example coughing/sneezing into a tissue and environmental cleaning. Labour and birth are not classified as aerosol generating procedures; however, women may breathe heavily and/or vocalise in active labour and this could lead to infected respiratory droplets being propelled into the labour room. The infected droplets could be transmitted from women to care providers and companions nearby, hence the recommendations for midwives to wear appropriate PPE (including mask and eye protection). It is important to take into consideration the wider impact of the pandemic on pregnant women, especially those approaching labour and birth, as potential fear and anxiety may be increased by restrictive measures implemented in health care settings. All women have the right to high quality care and to a positive birthing experience, whether or not they have a suspected or confirmed positive COVID-19 infection (WHO, 2020). Women and their families should be listened to and their preferences taken into consideration, whilst considering the risks of COVID-19 transmission or other unintended consequences.
Current key guidance for this topic
Since June 2020, NHS England and Scottish Government have advised that all hospital staff, in both clinical and non-clinical roles, should wear a surgical facemask, worn to prevent the spread of infection from the

wearer. Visitors and outpatients to hospital settings are also required to wear a face-covering. In clinical areas, communal waiting areas and during transportation, it is recommended that patients/clients with possible or confirmed COVID-19 wear a surgical facemask if this can be tolerated. Any patients/clients who wish to wear a mask can be provided with one and shown how to use it safely. A facemask can be worn until damp or uncomfortable. These recommendations apply to birth partners, classified as hospital visitors, who are required to wear a face-covering at all times or when requested to do so by hospital staff.

NHS England states that patients/clients should not wear facemasks when there is potential for their clinical care to be compromised. Women in labour and giving birth are an example of those in such circumstances.

Current Evidence base

Important principles for intrapartum care

Regardless of COVID-19 status high quality care is paramount. There must be a culture of respect for women in all birth settings with the goal of a positive childbirth experience. (NICE, 2017; WHO, 2018). Care should be provided in a way that enables a woman to feel in control of her birthing experience and her views, preferences and choices must be taken into account (NICE 2017; RCM 2018). The birthing environment should be flexible and comfortable, care should be inclusive, sensitive and individually tailored; safety issues should be discussed with the woman (RCM, 2018).

Potential harm from wearing face-coverings in labour

1. **Trigger for re-enactment of trauma.** It has been suggested that, for some wearers, facemasks may induce a feeling of claustrophobia, being trapped or suffocated. This may trigger traumatic memories: feeling trapped during maternity care can cause experience of re-enactment of trauma and physical/sexual abuse; the majority of abuse survivors do not disclose their history of abuse to midwives or other healthcare professionals (Montgomery et al, 2015).

2. **Exacerbation of respiratory conditions.** Asthma and other respiratory conditions may be exacerbated by wearing face-coverings (Asthma UK, 2020).

3. **Hypoxia or hypercapnia.** It has been suggested that prolonged wearing of face-coverings may cause hypoxia or carbon monoxide toxicity (hypercapnia); this seems more likely with tight-fitting masks such as N95 respirators. One small Spanish study (Beder et al, 2008) found that prolonged wearing of surgical facemasks by surgeons caused a decrease in oxygen saturation and an increase in heart rate. Tong et al (2015) found that wearing a tight-fitting mask impeded gaseous exchange and imposed an additional workload on the metabolic system of pregnant women when undertaking light exercise. As labour expends energy, it is therefore reasonable to assume that wearing a tight-fitting mask or face-covering could potentially impede gaseous exchange and metabolism for labouring women.

4. **Limitations in communication.** The quality of verbal communication is compromised when wearing a face mask, particularly volume and quality of speech (Lazzarino, 2020). This is especially pertinent to hearing impaired clients who lip-read (DeafAction, 2020). Masks also limit a woman's ability to communicate her views and emotion to those in the room; in particular the behavioural changes and non-verbal cues assessed by midwives to monitor progress in labour may be hindered. Vocalisation can be an important coping technique for some women and is used by midwives to assess transitioning to second stage. Wearing a mask is not appropriate as it will reduce the woman's ability to freely vocalise and express herself (Walsh, 2001; Baker et al 1993).

5. **Over-medicalisation.** The wearing of masks by care-givers is already having a significant impact on women's experiences. By requiring a woman to wear a mask, birth becomes further medicalised instead of a positive healthy life-event. The impact of measures, such as social distancing and wearing masks, on the normal progress of labour is unknown; however, oxytocin release is positively influenced by gentle touch, familiar pleasant olfactory signals and encouraging facial expressions. All of these are limited by face-coverings.

6. **Discomfort and overheating.** Wearing face coverings and masks for long periods can become uncomfortable and hot. Labour and childbirth require considerable exertion and wearing a mask or face covering is likely to feel particularly uncomfortable in this situation. If the woman is in a birthing pool, a face covering is likely to become wet very rapidly, reducing its effectiveness.

The RCM recommends the following:

- Women in labour should not be asked to wear masks or any form of face-coverings.
- During pregnancy women should be informed that they will not be required to wear masks when attending the hospital in labour, although they can wear a mask or face-covering in waiting areas.
- Women may wear a loose face-covering if/when they wish but should be discouraged from wearing a tight-fitting mask.
- Women choosing to wear face-coverings when attending triage or in waiting areas should be discouraged from wearing them once in a private room (e.g. in established labour).
- Women in labour with suspected or COVID-19 can be reasonably asked to wear a mask for short periods of time (e.g. when moving from one area to another: labour room to theatre, or triage to antenatal ward, etc)
- When requested, birth-partners should wear a face-covering at all times, including when in a private room, to minimise transmission to and from healthcare workers.

References and links to online and virtual support and guidance

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